

Capacity/Title:

owner (see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.



1. The assumed business name which the undersigne business is: Felt Good Production	
2. The true name(s) and business address(es) of the obusiness under the assumed business name: Name Lu Ann Craner Por	entity or individual(s) doing Complete Address 3 139 Richfiel LTO 8334
3. The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and Pu	blic Utilities
 Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
P.O. Box 129 Richfield IN 83349	PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment	Phone number (optional):
COPY IS (if other than # 4 above).	208-487-1217
	Secretary of State use only
nature: <u>Juntum Cuanor</u> (signature required) nted Name: LuAnn Craner	IDAHO SECRETARY OF STATE

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CK: 2109 CT: 158010 BH: 699021 1 0 25.00 = 25.00 ASSUM MANE # 2

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